

Registrar's No. 14

Primary Registration District No. 5112

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Columbia Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1941 hour 5 minute 0 M

21. I hereby certify that I attended the deceased from 12/15/90 to 1/11/91

that I last saw him alive on Jan 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 min

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence

(b) Date of occurrence _____

(c) Time of day _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Date: _____)

While at work? _____ (Specify type of place)
(c) Means of injury _____

33 2 H. B. Green 112 1

23. Signature _____ (M. D. brother)

Address: London Mo Date signed: 1/2/50

Statement on Reverse Side)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 41327

P. O. Address Columbia, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.